



Commonwealth
of Massachusetts

Center for Health
Information and Analysis

All Payer Claims Database Data Volume Reports

2008 - 2012

March 2013

The Commonwealth of Massachusetts established an All Payer Claims Database (APCD) in 2010 as one of the largest data collection efforts undertaken by the state. Regulation 114.5 CMR 21.00, Health Care Payer Claims Data Submissions, requires health insurance payers to submit medical, pharmacy, and dental claims, as well as information about member eligibility, benefit design, and providers to the Center for Health Information and Analysis (CHIA) for Massachusetts residents. The goals of the APCD are to provide administrative simplification to payers and to provide access to timely, accurate, and relevant data for improving quality, mitigating costs, and promoting transparency in the health care delivery system.

The charts below depict the number of records submitted to the Center as of December 2012 by health insurance payers. These Data Volume Reports are a concise way of presenting the amount of APCD data collected by year and file type.

Please feel free to submit any questions related to the reports to the Center's APCD mailbox: CHIA-APCD@state.ma.us.

Thank you for your interest in the All Payer Claims Database.

Commonwealth of Massachusetts-Center for Health Information and Analysis (CHIA)
APCD Data Volume Reports 2008-2012 (based on data received by 12/19/2012)

Mid-West National Life Insurance Company of Tennessee														
File Type*	Submission Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
PR	2010	0	0	0	0	0	0	0	0	0	0	0	118	118
PR	2011	0	0	118	0	118	118	0	0	118	0	0	118	590
PR	2012	0	0	118	0	0	118	0	0	118				354
ME	2009	0	0	0	0	0	0	0	0	0	0	0	43,028	43028
ME	2010	0	0	0	0	0	0	0	0	0	0	0	35,263	35263
ME	2011	10,367	40,043	33,512	32,093	31,945	31,567	31,363	30,687	29,934	28,774	27,340	26,005	353,630
ME	2012	25,496	24,914	24,448	24,091	23,828	23,543	23,225	22,926	22,587	22,338			237,396
PV	2011	69,250	69,250	69,250	74,233	74,233	74,233	72,490	72,490	72,490	74,821	74,821	74,821	872,382
PV	2012	72,413	72,770	72,896	73,039	73,236	72,999	73,041	72,987	72,990	72,959			729,330
MC	2008	12,321	11,531	14,122	12,650	11,360	13,197	15,963	12,933	11,827	10,708	9,672	15,886	152,170
MC	2009	11,638	8,834	13,360	11,473	10,749	12,319	14,650	13,546	18,154	20,852	19,063	23,318	177,956
MC	2010	17,916	15,234	18,938	14,780	12,566	12,738	14,857	13,323	541	10,363	11,576	9,891	152,723
MC	2011	9,363	10,062	12,742	10,750	9,115	9,299	8,244	8,932	7,859	5,906	8,495	6,969	107,736
MC	2012	7,492	7,625	6,336	5,325	4,385	3,274	2,986	2,594	2,222	1,865			44,104
PC	2008	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2009	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2010	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2011	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2012	0	0	0	0	0	0	0	0	0	0			0
DC	2008	303	261	317	328	365	412	334	233	327	355	255	298	3788
DC	2009	308	223	243	419	290	335	439	350	471	331	356	310	4075
DC	2010	533	472	526	394	307	204	254	190	285	329	276	216	3986
DC	2011	196	216	276	101	229	163	170	207	147	197	143	116	2161
DC	2012	142	124	60	138	230	83	85	44	44	49			999

***Key:** PR=Product Records; ME=Member Eligibility Records; PV=Provider Records; MC=Medical Claim Lines; PC=Pharmacy Claim Lines; and DC=Dental Claim Lines.

The Volume Report presents the APCD inventory as of December 2012 and reflects the related compliance requirements:

- Medical, pharmacy, and dental submissions are required monthly beginning January 2008.
- Provider submissions are required monthly beginning January 2011. The May 2011 submission contains historical records from 2008 through May 2011.
- Product submissions are required quarterly beginning December 2010. The May 2011 submission contains historical records from 2008 through 2010 plus 2011, quarter one.
- Member eligibility submissions are required monthly beginning in January 2011. Prior to 2011, payers were required to submit two eligibility files: a December 2009 eligibility submission covering calendar years 2008 and 2009, and a December 2010 eligibility submission covering calendar years 2009 and 2010. Eligibility files contain data for twenty-four months of member eligibility.
- The APCD liaisons monitor and enforce compliance rules and authorize exceptions. Some carriers have incomplete data due to: exemptions from filing, limited claim or member base, phasing into APCD and are currently in testing or ramping up their production data filings, are in the process of updating specific submissions, and /or non-compliance.

These numbers represent the number of records submitted, not actual counts of members, providers, products or claims.









